

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

January 9, 1984



ALL COUNTY INFORMATION NOTICE I-06-84

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CHIEF PROBATION OFFICERS  
ALL LICENSED ADOPTION AGENCIES

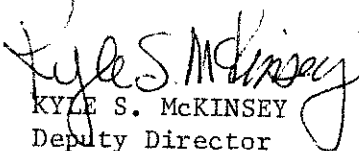
SUBJECT: AFDC-FC FORM "CERTIFICATION OF AFDC-FC REQUIREMENTS" (FC 5) -  
REVISION AND INSTRUCTIONS

The purpose of this letter is to transmit a copy of the most recent revision (dated 7/83) of the "Certification of AFDC-FC Requirements" (FC 5) form which is now available for purchase from the Department of Social Services. Also attached are clarifying instructions for those sections of the form which may not be self explanatory.

The FC 5 continues to be a required form with substitute permitted with department approval (See MPP Section 23-400.112). Counties should begin using the revised FC-5 as soon as possible and no later than February 1, 1984. As of that date, all prior approvals for substitute forms will be revoked. Counties desiring approval of substitute forms should send their requests to the Foster Care Program Management Bureau, 744 P Street, Mail Station 7-185, Sacramento, CA 95814.

Adoption agencies and probation departments should address questions concerning use of the FC 5 to their county welfare department. County welfare departments should address questions concerning the FC 5 to the Foster Care Program Management Bureau, 744 P Street, Mail Station 7-185, Sacramento, CA 95814, (916) 445-0813 (ATSS 485-0813).

Sincerely,

  
KYLE S. McKINSEY  
Deputy Director

Attachment

cc: CWDA

INSTRUCTIONS: Complete in duplicate

- Original to Eligibility Worker
- Copy to Service Case

# CERTIFICATION OF AFDC-FC REQUIREMENTS

CHILD'S NAME	CASE NAME	CASE NUMBER
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## ALL Applicable Items

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Application for AFDC-FC<br>(Complete A, C, E, F and, if applicable, B)                | <input type="checkbox"/> Change of Authority for Placement<br>(Complete A and, if applicable, B) | <input type="checkbox"/> Child no longer in Placement (Complete D)                             | <input type="checkbox"/> Change of Payment Information<br>(Complete F) |
| <input type="checkbox"/> Redetermination of AFDC-FC Eligibility<br>(Complete A, C, E, F and, if applicable, B) | <input type="checkbox"/> Change of Court Order Status (Complete B)                               | <input type="checkbox"/> Change of Placement and/or Licensing Status<br>(Complete D, E, and F) |  |

<b>A. AUTHORITY FOR PLACEMENT</b>	1. <input type="checkbox"/> Court Order(s) on file. (Complete B)	<input type="checkbox"/> Detention Order Date entered:	<input type="checkbox"/> Dispositional Order Date entered:
	2. <input type="checkbox"/> Parental rights terminated/child relinquished to a licensed adoption agency.	Adoption agency is: <input type="checkbox"/> Public <input type="checkbox"/> Private	Effective date
	3. <input type="checkbox"/> Voluntary placement agreement signed by parent or guardian and placement agency representative on file.		Effective date
	4. <input type="checkbox"/> Nonrelated legal guardian; Letters of Guardianship of the Person on file.		Effective date
	5. <input type="checkbox"/> Agreement signed by child age 18 and placement agency representative on file. (For continuing placements only)		Effective date

<b>B. COURT ORDER STATUS</b>	1a. Court Number	1b. Date petition filed which led to removal	1c. Court order designates placement and care responsibility to: <input type="checkbox"/> CWD <input type="checkbox"/> Probation <input type="checkbox"/> Other (specify)
	1d. Name of relative from whom removed		1e. Date child last resided with relative from whom removed
	2a. <input type="checkbox"/> Dependency/Wardship dismissed	2b. <input type="checkbox"/> Detention order no longer in effect.	2c. Date order dismissed/lapsed
	3a. <input type="checkbox"/> Court jurisdiction transferred to _____ County		2d. <input type="checkbox"/> New authority for placement established. (Complete A)
	3b. Effective date of court jurisdiction transfer		

<b>C. SERVICES REQUIREMENTS</b>	1. <input type="checkbox"/> An assessment and a service plan were developed within 30 days of services intake or removal.	Date completed	2. <input type="checkbox"/> Preplacement preventive services were provided prior to placement.
	3a. <input type="checkbox"/> Periodic reviews have been conducted at least every 6 months	Date of last review	3b. <input type="checkbox"/> Permanency planning hearings have been conducted at least every 18 months
	4. <input type="checkbox"/> The assessment and service plan were updated at the time of the periodic review or, if a guardianship case, every 6 months.	Date of last update	5. <input type="checkbox"/> The child has been visited at least once every 6 months.
	6. Services provided are: <input type="checkbox"/> Family Reunification <input type="checkbox"/> Permanent Placement	7. <input type="checkbox"/> Family planning services offered as appropriate	Note: Items 2, 3a and 3b do not apply to guardianship cases. Item 2 also does not apply if child placed before 10-1-83 or if authority for placement is relinquishment or termination of parental rights.

<b>D. PRIOR PLACEMENT</b>	1. Removed from (facility name and address)	2. Effective date
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1. Effective date	2. Facility name	2a. License number
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<b>E. CURRENT FACILITY INFORMATION</b>	1. <input type="checkbox"/> Licensed family home	2. <input type="checkbox"/> Approved family home; certified, license-pending	2a. <input type="checkbox"/> Certification on file that this home meets licensing standards and that a licensed facility is not available or does not meet this child's service needs.
	3. <input type="checkbox"/> Approved family home exempt from licensing	3a. This exempt home is the home of: <input type="checkbox"/> Child's relative <input type="checkbox"/> Child's guardian	3b. <input type="checkbox"/> This home is suited to the child's needs
	5. <input type="checkbox"/> Private licensed group home	5a. Group home is: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	4. <input type="checkbox"/> Certified exclusive-use home of a homefinding agency licensed by SDSS
			5b. <input type="checkbox"/> Placement in a group home is necessary to meet the child's treatment needs and this group home offers the needed treatment services.

<b>F. PAYEE/PAYMENT INFORMATION</b>	1. Effective date	2. Payee name	3. Payee address is: <input type="checkbox"/> Facility address <input type="checkbox"/> On Reverse
	4. Payee is: <input type="checkbox"/> Above Family or Group Home	<input type="checkbox"/> The CWD or probation placement worker	<input type="checkbox"/> A cooperating public or non-profit private child placement or child care agency (i.e., licensed homefinding agency)
	5. Basic monthly rate	6a. Increment	6b. Special care rate
	6c. Increment justification	6d. Approval	

☐ Additional information and/or Comments on Reverse

All information recorded on this form is true and correct to the best of my knowledge.

SIGNATURE OF PLACEMENT WORKER	DATE	TELEPHONE NUMBER
NAME OF AGENCY	ADDRESS/LOCATION	( )

## CERTIFICATION OF AFDC-FC REQUIREMENTS (FC-5) CLARIFYING INSTRUCTIONS

The "Certification of AFDC-FC Requirements" (FC 5) is a form used by placement workers to summarize crucial AFDC-FC eligibility information and to convey this information to eligibility workers who determine the child's AFDC-FC eligibility and payment amount. The placement worker must complete the FC 5 when any of the following events occur:

- o Application for AFDC-FC
- o Redetermination of AFDC-FC eligibility
- o Change in authority for placement
- o Change in placement
- o Change in the facility's licensing status
- o Change of payee or other payment information

Use of the FC 5 in the above situations is required by EAS Sections 45-201.45, 202.44, 202.53, 203.33 and 203.42. It may also be used to notify the eligibility worker when a child is no longer in placement in order to prevent overpayments and to convey placement cost data.

### Section A - Authority for Placement

The appropriate line of this section, which describes the child's current authority for placement, must always be completed. Usually only one line applies. However, in some cases (e.g., a relinquished child for whom dependency has not been dismissed) more than one line would be completed. The "effective date" is the date the action establishing the authority for placement occurred; for example, the date the voluntary placement agreement was signed.

### Section B - Court Order Status

"No change" entry may be used for this section.

Items 1a through 1e apply to all court orders and should be completed unless the "no change" entry is used.

Line 2 is completed if the reason for submitting the FC 5 is a change in the authority for placement.

Line 3 is completed if court jurisdiction has been transferred to another county.

### Section C - Services Requirements

Section C, "Services Requirements", of the FC 5 has been revised to include space for reporting on the provision of preplacement preventive services. Both federal (Public Law 96-272) and state (WIC Section 11404(b)(1)) law require that these services be provided all children whose original date of placement is October 1, 1983 or later unless the child's authority for placement is guardianship, relinquishment or termination of parental rights.

When use of Section C is required, all items are to be completed. A "no change" entry may not be used. For the boxes in this section:

- o A check means that the action indicated has occurred.
- o No mark means the action has not occurred.
- o A "N/A" means the item is not applicable (see below).

The items and conditions under which "N/A" may be used are:

1 - Assessment and Service Plan

- o The FC 5 is being completed less than 30 days after the original date of placement.

2 - Preplacement preventive services

- o The original date of placement was before October 1, 1983 or
- o The authority for placement is guardianship, relinquishment or termination of parental rights.

3a - Periodic reviews

- o the FC 5 is being completed less than 6 months after the original date of placement or
- o The authority for placement is guardianship.

3b - Permanency planning hearings

- o The FC 5 is being completed less than 18 months after the original date of placement or
- o The authority for placement is guardianship.

4 - Assessment and service plan update

- o The FC 5 is being completed less than 6 months after the original date of placement and
- o A periodic review has not been held.

5 - Visits with child

- o The FC 5 is being completed less than 6 months after the original date of placement and
- o The child has not been visited.

Item 6 should be checked "Family Reunification" for children in emergency shelter care who are receiving Preplacement Preventive Services. (NOTE:

Refer to time study instructions which may differ for purposes of reporting provision of program services.)

#### Section D - Prior Placement

The use of this section is optional.

#### Section E - Current Facility Information

A "no change" entry may be used for this section.

Item 2, Facility Name, should include the program identification number assigned group homes and homefinding agencies by the SDSS Foster Care Rates Bureau when these numbers become available.

Item 2a, License Number, is optional but its use is strongly encouraged.

The second part (last three lines) of this section indicates facility type. All items for the specific facility type utilized must be completed. For example, if the facility is a private licensed group home items 5a and 5b as well as item 5 must be completed.

#### Section F - Payee/Payment Information

A "no change" entry may be used for this section.

Item 2, Payee Name, may be completed "see above" if the payee name is the same as the facility name indicated in Section E.

Items 5 through 6d regarding rates are optional items.

Item 5 is the approved group home rate for the program being utilized or the age-specific foster home rate in the county where the child is placed.

Items 6a through 6d refer to the supplement paid in specialized foster care situations.

#### Certification Statement

To be valid, the FC 5 must be signed by the placement worker.